



# TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

	Application Number	10/767,547
	Filing Date	January 28, 2004
	First Named Inventor	Charles L. Gray, Jr.
	Art Unit	
	Examiner Name	
	Attorney Docket No.	310121.416

## ENCLOSURES (check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement; Form PTO-1449<br><input type="checkbox"/> Cited References<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Request for Corrected Filing Receipt<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address<br><input type="checkbox"/> Declaration<br><input type="checkbox"/> Statement under 37 CFR 3.73(b)<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund | <input type="checkbox"/> CD(s), Number of CD(s) _____<br><input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Return Receipt Postcard<br><input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): |
|---|---|--|

Supplemental Application Data Sheet  
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## Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual Name	Lorraine Linford	Customer Number
Signature		
Date	March 19, 2004	

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Andrea Dolder	
Signature		Date: March 19, 2004

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## SUPPLEMENTAL APPLICATION DATA SHEET

### **Application Information**

Application number:: 10/767,547  
Filing Date:: 01/28/04  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?::  
Computer Readable Form (CRF)?:: No  
Number of copies of CRF::  
Title :: HYDRAULIC ACTUATOR CONTROL VALVE  
Attorney Docket Number:: 310121.416  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 7  
Small Entity?:: No  
Petition included?:: No  
Petition Type::  
Licensed U.S. Gov't Agency::  
Contract or Grant No::  
Secrecy Order in Parent Appl.?:: No

### **First Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Charles  
Middle Name:: L.  
Family Name:: Gray  
Name Suffix:: Jr.  
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State or Province of Residence:: MI  
Country of Residence:: US  
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Country of mailing address:: US  
Postal or Zip Code of mailing address:: 48169

### **Correspondence Information**

Correspondence Customer Number :: **34212**

### **Representative Information**

Representative Customer Number::		<b>34212</b>
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### **Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::

### **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

### **Assignee Information**

Assignee name::	<u>Government of the United States of America, as represented by the Administrator of the U.S. Environmental Protection Agency</u>
Street of mailing address::	1200 Pennsylvania Avenue N.W.
City of mailing address::	Washington
State or Province of mailing address::	DC
Country of mailing address::	US
Postal or Zip Code of mailing address::	20460

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